

2004 D-2441 SUB
Child and Dependent Care Credit
for Part-Year Residents

042410210000

OFFICIAL USE ONLY

NAME AS SHOWN ON FORM D-40 ABCDEFGHIJKLMNOPQ RSTUVWXY YOUR SOCIAL SECURITY NUMBER 123456789

Qualifying dependents Complete for all qualifying individuals for whom you claimed expenses on your federal Form 2441

First name ABCDEFGHIJKLMNOPQ M.I. A Last name ABCDEFGHIJKLMNOPQ
Social security number 123456789 Relationship to you ABCDEFGHIJKLMNOPQ
Lived in your household from MMDDYY To (MMDDYY) MMDDYY

First name ABCDEFGHIJKLMNOPQ M.I. A Last name ABCDEFGHIJKLMNOPQ
Social security number 123456789 Relationship to you ABCDEFGHIJKLMNOPQ
Lived in your household from MMDDYY To (MMDDYY) MMDDYY

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Social security number 123456789 Relationship to you ABCDEFGHIJKLMNOPQ
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Lived in your household from MMDDYY To (MMDDYY) MMDDYY

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Social security number 123456789 Relationship to you ABCDEFGHIJKLMNOPQ
Lived in your household from MMDDYY To (MMDDYY) MMDDYY

DC credit

Enter period you were a DC resident in 2004 (MMDD) From MMDD To MMDD Round cents to the nearest dollar.
If amount is zero, leave the line blank.

1	Total 2004 employment-related dependent care expenses. From federal Form 2441, Line 15 or total expenses paid from Line 6.	1	\$	123456789.00
2	Employment-related dependent care expenses paid in 2004 while you were a DC residence.	2	\$	123456789.00
3	Divide Line 2 amount by Line 1. (This will be a decimal number, for example: 0.55.)	3		0.00
4	DC dependent care credit Multiply your allowable federal credit (from federal Form 2441, Line 9 or 1040A, Sch. 2, Line 9)) X .32	4	\$	123456789.00
5	DC part-year dependent care credit Multiply Line 4 by Line 3 decimal. Enter amount on Line 25 of Form D-40.	5	\$	123456789.00

ATTACH THIS FORM TO YOUR FORM D-40.

Your last name ABCDEFGHIJKLMNOPQ
Your SSN 123456789

042410220000

Dependent care expenses Complete for all people or organizations who provided care during 2004 so that you could work or look for work.

Round cents to the nearest dollar.

Name	From (MM/DD)	To (MM/DD)	Amount paid
ABCDEFGHIJKLMN	MMDD	MMDD	\$ 123456.00
Address			
123456789			
Social security or Fed. employer ID number			
123456789			
If an individual, identify their relationship to you			
ABCDEFGHIJKLMN			

Name	From (MM/DD)	To (MM/DD)	Amount paid
ABCDEFGHIJKLMN	MMDD	MMDD	\$ 123456.00
Address			
123456789			
Social security or Fed. employer ID number			
123456789			
If an individual, identify their relationship to you			
ABCDEFGHIJKLMN			

Name	From (MM/DD)	To (MM/DD)	Amount paid
ABCDEFGHIJKLMN	MMDD	MMDD	\$ 123456.00
Address			
123456789			
Social security or Fed. employer ID number			
123456789			
If an individual, identify their relationship to you			
ABCDEFGHIJKLMN			

Name	From (MM/DD)	To (MM/DD)	Amount paid
ABCDEFGHIJKLMN	MMDD	MMDD	\$ 123456.00
Address			
123456789			
Social security or Fed. employer ID number			
123456789			
If an individual, identify their relationship to you			
ABCDEFGHIJKLMN			

Name	From (MM/DD)	To (MM/DD)	Amount paid
ABCDEFGHIJKLMN	MMDD	MMDD	\$ 123456.00
Address			
123456789			
Social security or Fed. employer ID number			
123456789			
If an individual, identify their relationship to you			
ABCDEFGHIJKLMN			

6 Total expenses paid \$ 123456.00

You must meet all of the following requirements to use this form:

- You are a part-year resident of DC;
- You are filing a part-year D-40 return; and
- You were eligible to claim the child and dependent care credit on your federal return

If you are a full-year resident of DC, do not file this form - file Form D-40 to claim this credit.